

Derman, Barbara (DHHS)

From: Stiles, Judy L. (DCH)
Sent: Friday, August 30, 2013 10:06 AM
To: Zaagman, Amy
Cc: Lightning, Jeanette (DCH); Fink, Brenda (DCH); Dunbar, Paulette Dobynes (DCH); Hennesey, Diane (DCH); Gilsdorf, Michelle (DCH); Derman, Barbara (DCH)
Subject: Real Alternatives Slides - PA Pregnancy and Parenting Support Program
Attachments: Attachment1.8.13.pdf; PAPregnancyandParentingSlides8.13.pdf

Sending on behalf of Paulette Dobynes Dunbar

Judy Stiles

Division of Family and Community Health
Women and Reproductive Health Unit
109 W. Michigan Avenue/WSB
Lansing, MI 48913
517-335-8929 VM: 517-335-8499
FAX: 517-335-8822

MSA

- Kevin Begotta
from PA
TX
Inf - new
2013

- (b) The department of community health.
- (c) The health administration in the department of community health.
- (d) The behavioral health and developmental disabilities administration in the department of community health.
- (e) The department of human services.
- (f) The department of state police.

(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.

Sec. 1186. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$700,000.00 shall be allocated for a pregnancy and parenting support services program as a pilot project, which program must promote childbirth and alternatives to abortion. The department shall establish a program with a qualified contractor that will contract with qualified service providers to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education. The contractor of the program shall provide for program training, client educational material, program marketing, and annual service provider site monitoring.

RFP?
tent in R.A.

Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$500,000.00 of new funding shall be allocated for evidence-based programs to reduce infant mortality including nurse family partnership programs. The funds shall be used for enhanced support and education to nursing teams or other teams of qualified health professionals, client recruitment in areas designated as underserved for obstetrical and gynecological services and other high-need communities, strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.

Supplies is
DH M states.
Nicks P2M
for 5th grade

Sec. 1133. The department shall allocate funds appropriated in section 113 of part 1 for family, maternal, and children's health services pursuant to section 1 of 2002 PA 360, MCL 333.1091.

Expect 15%
admission
cost in 4th

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Sec. 1202. The department may do 1 or more of the following:

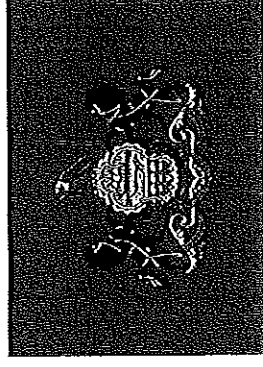
- (a) Provide special formula for eligible clients with specified metabolic and allergic disorders.
- (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.
- (c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.
- (d) Provide human growth hormone to eligible patients.

Sec. 1204. By October 1 of the current fiscal year, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid-eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.

Sec. 1205. From the funds appropriated in part 1 for medical care and treatment, the department is authorized to spend up to \$500,000.00 for the continued development and expansion of telemedicine capacity to allow families with children in the children's special health care services program to access specialty providers more readily and in a more timely manner.

CRIME VICTIM SERVICES COMMISSION

Sec. 1302. From the funds appropriated in part 1 for justice assistance grants, up to \$200,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination and training.



Pennsylvania's Pregnancy and Parenting Support Program

Kevin I. Bagatta, Esq.
President & CEO



Funding History

- Started in Governor Casey's administration
- Growth and bipartisan support throughout Administrations of Governors Ridge, Schweiker, Rendell, and now Corbett

by 6.5M
\$11M THL
\$5.5
\$4.25



Legal Arrangement

(cont)

- Service contracts provide for counseling support to eligible women during pregnancy and 12 months after birth

Not a contract

- Support services include assisting women in crisis by referrals to other social services necessary for the support of the woman and baby
- No duplication of services

Women Served

Free Pregnancy & Parenting Support Services

Service Providers
Pregnancy Support Centers
Social Service Agencies
Maternity Homes
Adoption Agencies

Real Alternatives
Empowering Women for Life
FREE PREGNANCY SUPPORT SERVICES
1-888-LIFE-AID

**Pennsylvania
DPW**

- Initial & Annual Program Training
- Certified Counselors
- RAPID 3 Services
- Rendered Forms (SRFs)

- Program Audit & Inspections
- Monthly Services Reimbursement

- Program Training
- RAPID 3
- Fees-for-Services
- Program & Site Compliance Monitoring

- Expenditure Reports
- Audits
- Program Quarterly Reports
- Site Monitoring Reports

Review our website
provide strategies

501(c)(3)

465/mr



Service Provider Minimum Criteria

- Pro-life organization
- Cannot perform, counsel, or refer for abortions
- Offer alternatives to abortion that promote childbirth rather than abortion.
- Minimum of one year experience with such clients
- Non-profit /Non-discriminatory
- No charge for services to clients
- Self-administered pregnancy test kits
- Ensure client confidentiality
- First Amendment Restrictions on promotion of religion (Faith-Base Initiative)



Business Model - Incentives

- Service Providers reimbursed > fee-for-service basis
- Stable income source allows Service Providers to:
 - Keep sites open / open more sites
 - Hire more staff / increase hours
 - Utilize volunteer services to the maximum
 - Enhance services to women using modern business practices
- FY 96/97: 72 sites - 6,715 clients served *8/24/98*
- FY 12/13: 95 sites - 19,359 clients served *8/6/14*



Statewide Reach

- 29 Service Providers with 95 sites in 36 counties *Statewide*
- 538 counselors providing services statewide *81% clients served in TX, never in Maryland*
- Served clients from all 67 PA counties
- March 1996 through June 2013:
 - 218,396 clients served
 - 1,086,710 visits

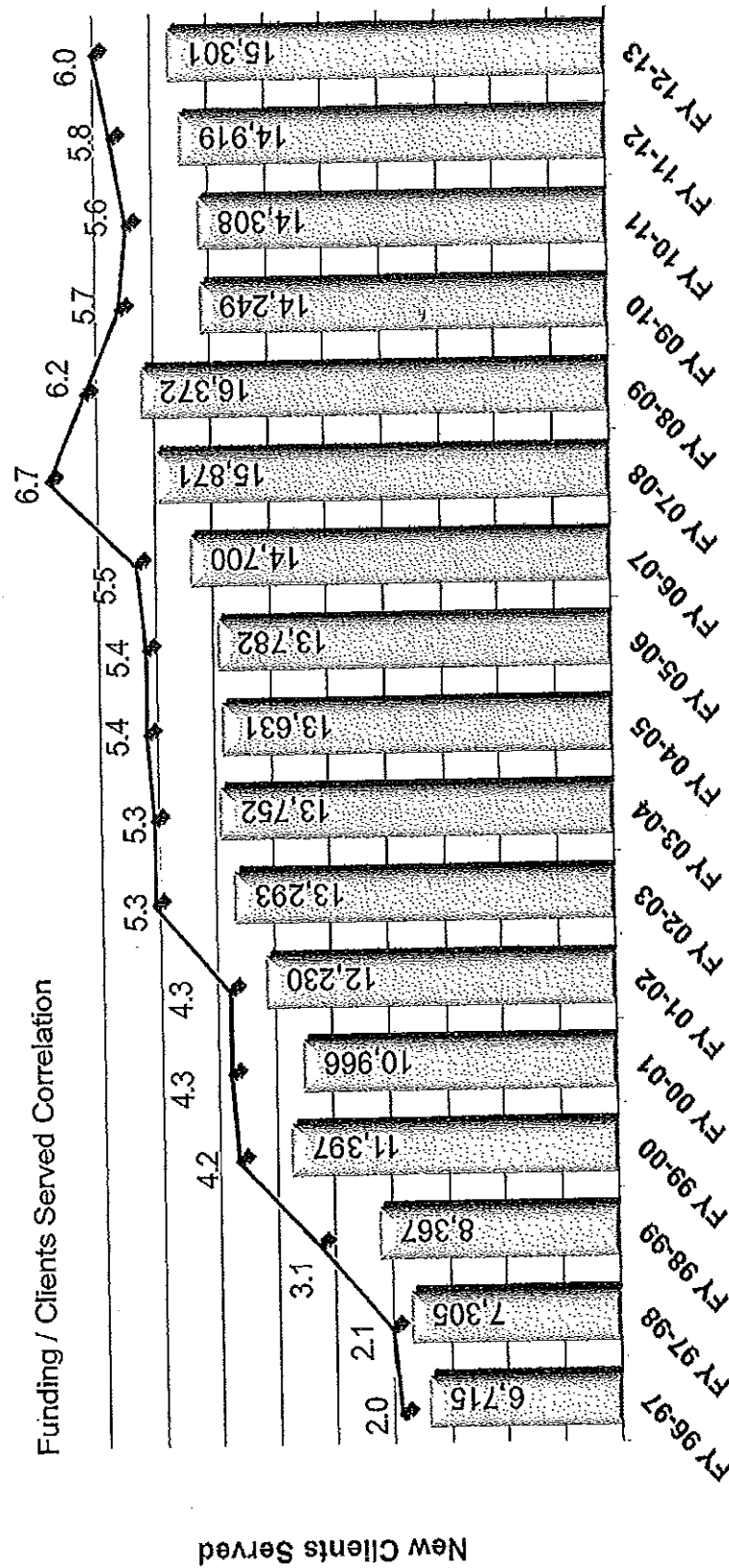


“Real Alternatives has developed a system of thorough and extensive administrative and service provider monitoring practices to ensure program compliance and has yearly exceeded performance requirements.”

(MAY)
Estelle B. Richman, former Secretary of PA Department of Public Welfare
(Appointed by former Democratic Gov. Ed Rendell)
November 9, 2005 letter to Texas Health and Human Services



Growth in Women Served





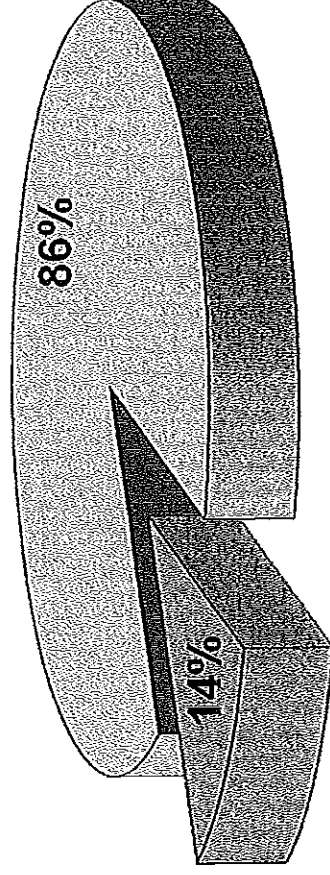
Client Outcomes

- Increased Childbirth Choice
- Increased Support
- Improved Parenting Skills
- Increased Adoption Knowledge
- Decreased Risky Lifestyle – Improved Health

*New Model
Lifestyle*



Childbirth Choice: Clients Who Entered Program Pressured by Others to Have Abortion



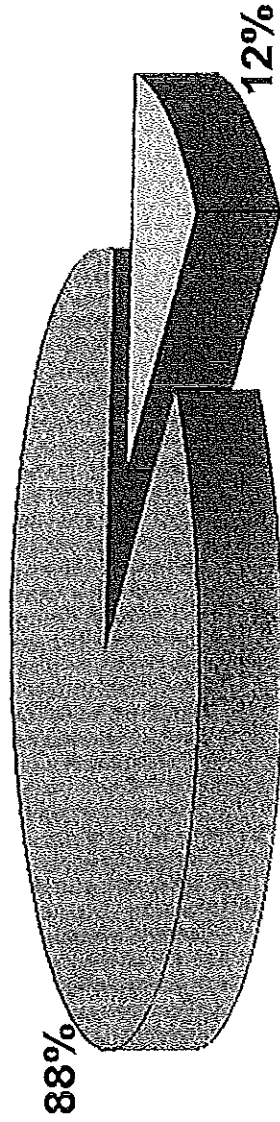
- ☒ Still Considering Abortion
- ☒ No Longer Considering Abortion After Program Support

565 Clients : FY 11-12

(c) Real Alternatives 2013



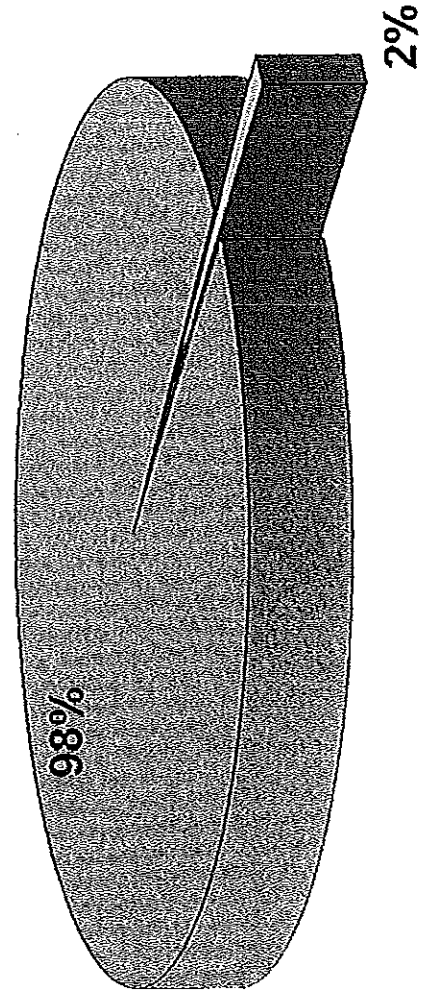
Support: Client Feels Confident and Capable of Self-Sufficiency After Program Support



■ Confident ■ Not Confident



Improved Parenting: Client Has Child's Immunizations Up to Date



☒ Yes ☐ No



Program Cost Savings

- “If all U.S. women received adequate prenatal care, the estimated savings would be \$14,755 per low-birthweight birth prevented.” [\$20,680 in 2012 dollars] - (CDC – 1999)
- 14,553 Pennsylvania program clients received proper prenatal care during pregnancy in FY 12-13
- Potential Cost savings = \$296,721,117.00



Award Winning Company and Program

- 6 Consecutive Perfect annual CPA “Yellow Book” Audits
- 10 Consecutive Perfect annual CPA “A-133” Federal Audits
- 3 Perfect Department of Public Welfare Contract Compliance Audits
- 2 Perfect Pennsylvania Comptroller Multi-Year Contract Compliance Audits



Award Winning Company and Program

- 2002 – Finalist for Central PA Business Journal Nonprofit Innovation Award – Technology
- 2004 – Finalist for Central PA Business Journal Nonprofit Innovation Award – Operations/Technology
- 2004 - First of four nonprofits in Pennsylvania to be certified with the “Seal of Excellence” by Pennsylvania Association of Nonprofit Organizations (PANO)
 - 2007 – Recertified with PANO “Seal of Excellence”
 - 2013 – Third PANO “Seal of Excellence” Recertification



*“Our business is
to fight the poison of hopelessness
with love.”*

Former Governor Robert Casey
Real Alternatives Service Providers Conference
April 1997



“Real Alternatives success is due in no small measure to its enthusiasm and dedication to the mission . . . to provide assistance statewide to those women in need of pregnancy support services in Pennsylvania.”

Estelle B. Richman, former Secretary of PA Department of Public Welfare
(Appointed by former Democratic Gov. Ed Rendell)
November 9, 2005 letter to Texas Health and Human Services



Michigan Pregnancy and Parenting Program

- A statewide two- year program
 - FY 13/14 funded at \$700,000
 - FY 14/15 funded at \$2.0 million
- Potential service providers contacted this fiscal year in southern region of state
 - 1 - 10 eligible this fiscal year performing service
 - 10 - 25 next fiscal year performing service
- Michigan contracts with Real Alternatives. Program administered out of Harrisburg, PA office
 - Proposal and contracting in October 2013
 - Program starts November/December 2013

in SE area



Budget Estimate Admin Expenses

- **\$105,000** Personnel, travel and administrative costs associated with Real Alternatives administration of program from Harrisburg, PA:
 - program start-up;
 - service provider approval, training, and contracting;
 - service provider site start-up site inspections;
 - online billing software changes
 - monthly billing and reimbursement
 - program portion of annual CPA Audit

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Friday, August 30, 2013 9:13 PM
To: Gilsdorf, Michelle (DCH)
Subject: Accepted: Real Alternatives/Pregnancy Alternatives

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, September 04, 2013 7:11 AM
To: Lightning, Jeanette (DCH); Derman, Barbara (DCH); Dunbar, Paulette Dobyne (DCH)
Subject: Draft pregnancy and parenting support objectives to discuss with Brenda
Attachments: Pregnancy and Parenting Support Program Objectives.docx

This is very rough and just to get us started discussing we can think about workplan and reporting elements

Pregnancy and Parenting Support Program Objectives

1. Assist pregnant women in Michigan to maintain healthy pregnancy and achieve positive pregnancy outcomes through provision of pregnancy support services and linkages to care.
 - a. Provision of care through certified pregnancy support centers
 - b. Provide linkages to prenatal care, social service agencies, maternity homes, adoption agencies
 - c. Provide pregnancy support counseling services utilizing licensed counselors and trained volunteers supervised by licensed counselors.
2. Assist Michigan mothers and fathers establish positive parenting practices through provision of parenting support services through the first year of life
 - a. Provision of parenting services through linkages to pediatric care, social services agencies, licensed infant care support, and certified home visiting services
 - b. Provide parenting support to families utilizing licensed counselors and trained volunteers supervised by licensed counselors
3. Establish linkages to care with certified public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Maintain current referral linkages within communities
4. Assure compliance with federal and state requirements through monitoring of each agency providing services within the established network of care
 - a. Assure compliance through monitoring of program service providers
 - b. Assure appropriate orientation and training for all program staff, including professionals and volunteers
 - c. Assure accurate program reporting throughout service network
 - d. Assure all services are provided in a culturally competent manner
 - e. Assure all services are provided in a respectful and non-judgmental manner
5. Assure compliance with reporting requirements
 - a. Quarterly reporting of numbers of individuals served
 - b. Quarterly reporting of outreach activities
 - c. Quarterly reporting of referral and completed linkage services

Evaluation Measures

1. Number of pregnant women served with counseling services
 - a. Number of referral and completed linkage for prenatal care and mental health services
2. Number of parenting services provided
 - a. Number of home visit services provided
 - b. Number of referrals and completed linkage for pediatric care and infant mental health care

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, September 04, 2013 4:56 PM
To: Dunbar, Paulette Dobynes (DCH); Lightning, Jeanette (DCH); Fink, Brenda (DCH);
azaagman@mcmch.org
Subject: DRAFT Pregnancy and Parenting Support Program Contract Requirements.docx
Attachments: Pregnancy and Parenting Support Program Contract Requirements.docx

OK ladies, here is a stab at what we discussed this morning...I think I included everything we discussed, erred on the side of too much which you can decide if you want to leave in or not.

Pregnancy and Parenting Support Program Objectives

1. Assist pregnant women in Michigan to maintain healthy pregnancy and achieve positive pregnancy outcomes through provision of pregnancy support services and linkages to care.
 - a. Provision of care through certified pregnancy support centers
 - b. Provide linkages to prenatal care, social service agencies, maternity homes, adoption agencies
 - c. Provide pregnancy support counseling services utilizing licensed counselors and trained volunteers supervised by licensed counselors.
2. Assist Michigan mothers and fathers establish positive parenting practices through provision of parenting support services through the first year of life
 - a. Provision of parenting services through linkages to pediatric care, social services agencies, licensed infant care support, and certified home visiting services
 - b. Provide parenting support to families utilizing licensed counselors and trained volunteers supervised by licensed counselors
3. Establish linkages to care with certified public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Maintain current referral linkages within communities
4. Assure compliance with federal and state requirements through monitoring of each agency providing services within the established network of care
 - a. Assure compliance through monitoring of program service providers
 - b. Assure appropriate orientation and training for all program staff, including professionals and volunteers
 - c. Assure accurate program reporting throughout service network
 - d. Assure all services are provided in a culturally competent manner
 - e. Assure all services are provided in a respectful and non-judgmental manner
5. Assure compliance with reporting requirements
 - a. Quarterly reporting of numbers of individuals served
 - b. Quarterly reporting of outreach activities
 - c. Quarterly reporting of referral and completed linkage services

Evaluation Measures

1. Number of pregnant women served with counseling services
 - a. Number of referral and completed linkage for prenatal care and mental health services
2. Number of parenting services provided
 - a. Number of home visit services provided
 - b. Number of referrals and completed linkage for pediatric care and infant mental health care
3. Number of Infants followed through the program
4. Number of pregnant women followed throughout the pregnancy and into infant care
5. Projected number of abortions averted due to early prenatal alternative counseling

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, September 04, 2013 4:56 PM
To: Dunbar, Paulette Dobynes (DCH); Lightning, Jeanette (DCH); Fink, Brenda (DCH);
azaagman@mcmch.org
Subject: DRAFT Pregnancy and Parenting Support Program Contract Requirements.docx
Attachments: Pregnancy and Parenting Support Program Contract Requirements.docx

OK ladies, here is a stab at what we discussed this morning...I think I included everything we discussed, erred on the side of too much which you can decide if you want to leave in or not.

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, September 04, 2013 5:52 PM
To: Dunbar, Paulette Dobynes (DCH); Lightning, Jeanette (DCH); Fink, Brenda (DCH); 'azaagman@mcmch.org'
Subject: RE: DRAFT Pregnancy and Parenting Support Program Contract Requirements.docx

Thinking again from home, I meant to put in a target number to be seen as deliverable, so that should be added somewhere, I guess, maybe that is in the body of the contract?

Barbara (Quess) Derman, MSW

Public Health Consultant
Women's Reproductive Health
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Derman, Barbara (DCH)
Sent: Wednesday, September 04, 2013 5:10 PM
To: Dunbar, Paulette Dobynes (DCH); Lightning, Jeanette (DCH); Fink, Brenda (DCH); 'azaagman@mcmch.org'
Subject: DRAFT Pregnancy and Parenting Support Program Contract Requirements.docx

Meant to add that I was thinking that this Description of the Service Model could be an attachment to the contract similar to the attachment for Annual Plan that we have on the Title X Family Planning contracts.

.....
OK ladies, here is a stab at what we discussed this morning...I think I included everything we discussed, erred on the side of too much which you can decide if you want to leave in or not.

Pregnancy and Parenting Support Program Contract Requirements

Description of Service Model

1. Describe the core program elements and the manner in which services will be conducted.
 - a. Describe the target population to be served, including definition and description of geographic target area and client demographics such as socio-economic, race, ethnicity, age, health status and health care coverage access.
 - b. Describe the process for client screening and needs assessment: Prenatal risk assessment such as: preconception health status; access to prenatal care; access to basic needs including food housing, transportation, social support; access to essential services; and health risks including smoking, alcohol use, drug use, domestic violence, depression/stress/mental health issues; presence of chronic conditions such as asthma, Diabetes, hypertension. Describe the process for parenting risk and needs assessment: infant risk assessment such as: infant health care; infant safety; feeding and nutrition; infant development; family/ social support and child care.
 - c. Describe the core services that will be provided to the client population, including prenatal counseling and parenting education and support. How will client services be maintained?
 - d. Describe the referral and linkage process to prenatal care, medical home, and essential social service providers. Describe the plan for care coordination and case management.
 - e. Describe the program's plan for Outreach and Marketing to populations in need of service, including plans for advertising services, Program information to the public: How will potential clients access program services?
2. Describe the program network of providers and linkage to program administration. Provide a program organizational chart; plan data collection of required program reporting; and plan for program quality assurance monitoring, including site and case reviews; including financial accountability and audits.
3. Describe the orientation and training of program providers and staff, including licensure of professional staff, and on-going staff training. Describe the process for recruitment and training of volunteer staff.

Contract Requirements and Statement of Work

Program Objectives

1. Assist pregnant women in Michigan to maintain healthy pregnancy and achieve positive pregnancy outcomes through provision of pregnancy support services and linkages to care.
 - a. Provide care through certified pregnancy support centers
 - b. Provide linkages to prenatal care, medical home, social service agencies, and other supports
 - c. Provide pregnancy counseling services utilizing professional counselors and trained, supervised volunteers.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting education and support services.
 - a. Provide parenting education and linkages to pediatric care, social services, licensed infant care and certified home visiting services
 - b. Provide parenting support utilizing professional counselors and trained, supervised volunteers.
3. Establish linkages to care with Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Maintain current referral linkages within community providers

4. Assure compliance with federal and state requirements through monitoring of each program agency, including:
 - a. Monitoring of service provider orientation, licensing and training
 - b. Assure accurate program reporting throughout service network
 - c. Assure quality services through monitoring of all service sites, including case reviews
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to clients with limited English
 - ii. Assure all services are provided in a culturally competent manner
 - e. Assure financial accountability through audits conducted in compliance with State of Michigan contracts
5. Assure compliance with program Quarterly reporting requirements
 - a. Report of number of women served
 - i. By Name and birthdate (so data can be matched with birth certificates)
 - ii. By zip code of residence
 - iii. By estimated weeks of gestation at initial enrollment
 - iv. By family income (as located on federal poverty level tables)
 - v. By race and ethnicity
 - b. Report of number of outreach activities
 - i. By telephone enrollment
 - ii. By Hotline calls
 - iii. By Face-to-Face Outreach activities
 - iv. Public Information activities
 - c. Report of referrals with completed linkage to care
 - i. Referrals for pregnant women
 - ii. Referrals for infant care
 - d. Report number of infants born to women in care

Program Evaluation:

Data Collection and Quality Assurance Monitoring

1. Review of collected client data matched with birth certificates to evaluate birth outcomes
2. Review of Program Monitoring of service sites and case reviews
3. Review of Financial Monitoring through SOM auditing

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Monday, September 09, 2013 12:12 PM
To: Fink, Brenda (DCH); Lightning, Jeanette (DCH); Derman, Barbara (DCH)
Subject: Pregnancy Parenting Program Contract Requirements FY 2014.doc
Attachments: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Importance: High

THanks for the work Quess. Here are my edits for all of your consideration.

Attachment E – Statement of Work for FY 2014 Pregnancy and Parenting Support Program

By November 1, 2013 submit to DFCH@michigan.gov the Pregnancy and Parenting Support Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the target population to be served, including definition and description of geographic target area and client demographics including socio-economic, race, ethnicity, age, health status and health care coverage access.
 - b. Describe the process for identifying client needs (screening and needs assessment):
 - i. Prenatal risk and needs assessment to include:
 - preconception health status and access to prenatal care
 - access to basic needs including food housing, transportation, social support
 - access to essential services;
 - identification of health risks including smoking, alcohol use, drug use, domestic violence, depression/stress/mental health issues;
 - presence of chronic conditions such as asthma, Diabetes, hypertension
 - ii. Parenting risk and needs assessment (infant risk and needs assessment) to include:
 - infant health care
 - infant safety
 - feeding and nutrition
 - infant development
 - family/ social support
 - child care
 - c. Describe the core services that will be provided to the client population, including prenatal education and counseling and parenting education and support. How will client services be maintained?
 - d. Describe the referral and linkage process to medical care (prenatal and pediatric care), medical home, and essential social services. Include a description of the plan for care coordination and case management.
 - e. Describe the program's plan for outreach and marketing to populations in need of service, including plans for advertising services, program information to the public and how potential clients will access program services?
2. Describe the program network of providers and linkage to program administration. Provide a program organizational chart; plan data collection of required program reporting; and plan for program quality assurance monitoring, including site and case reviews and including financial accountability and audits.
3. Describe the roles/duties, orientation and training of all program providers and staff. Include licensure of professional staff, and on-going staff training. Describe the roles/duties, and process for recruitment and training of volunteer staff.

Program Objectives

1. Assist pregnant women in Michigan to maintain healthy pregnancy and achieve positive pregnancy outcomes through provision of pregnancy support services and linkages to care.
 - a. Provide care through certified pregnancy support centers
 - b. Provide linkages to prenatal and pediatric care, medical home, social services, and other supports needs identified
 - c. Provide pregnancy education and counseling services utilizing professional counselors and provide education services through trained, supervised volunteers.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting education and support services.
 - a. Provide parenting education and linkages to pediatric care, social services, licensed infant care and certified home visiting services
 - b. Provide parenting support utilizing professional counselors and trained, supervised volunteers.
3. Serve at least 2800 women and parents of infants. Performance expectation is at least 95% of the target number to receive reimbursement of expenses up to the total grant funds. FIX?
4. Establish linkages to care with Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Maintain current referral linkages within community providers
5. Assure compliance with federal and state requirements through monitoring of each program agency, including:
 - a. Monitoring of service provider orientation, licensing and training
 - b. Assure accurate program reporting throughout service network
 - c. Assure quality services through monitoring of all service sites, including case reviews
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided in a culturally competent manner
 - e. Assure financial accountability through audits conducted in compliance with State of Michigan contracts
6. Assure compliance with program reporting requirements.

Quarterly reports submitted to DFCH@michigan.gov by 30 days end of the quarter.

- a. Report of number of women served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at initial enrollment
 - iii. By family income (use current federal poverty level tables)
 - iv. By race (White non-Hispanic; African American, non-Hispanic; Native American; Asian and multi-racial; and by ethnicity White Hispanic, Black Hispanic
- b. Report of number of parents served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at initial enrollment or infant chronological age if after birth

- iii. By family income (use current federal poverty level tables)
 - iv. By race (White non-Hispanic; African American, non-Hispanic; Native American; Asian and multi-racial; and by ethnicity White Hispanic, Black Hispanic)
- c. Report of number of outreach activities by type:
 - i. By telephone enrollment
 - ii. By Hotline calls
 - iii. By Face-to-Face Outreach activities
 - iv. Public Information activities
- d. Report of referrals with completed linkage to care
 - i. Number and types of completed referrals for pregnant women
 - ii. Number and types of completed referrals for infant care/parenting education and/or support
- e. Report number of infants born to women in care and birth outcome.

Monthly report to State of Michigan Single Sign On:

Women and infants served by name, delivery date and birthdate, residential Zip Code at time of delivery (so data can be matched with birth or death certificates) to evaluate outcomes.

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobyns (DCH)
Sent: Monday, September 09, 2013 2:03 PM
To: Lightning, Jeanette (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

The highlighted section was where I wasn't sure if I stated that requirement correctly. It should look like the Family Planning performance requirement. Can you look to see how it is worded in that contract? Thanks.

From: Lightning, Jeanette (DCH)
Sent: Monday, September 09, 2013 1:49 PM
To: Dunbar, Paulette Dobyns (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Hi Paulette,
I proofed the document it looks good. Item that was highlight yellow "fix" is that to add the amount of funding?
JL

Jeanette Lightning, MPA
Manager Reproductive Health Unit
109 West Michigan Ave 3rd floor
Lansing, Michigan 48913
(517) 335-9263
lightningj@michigan.gov

From: Dunbar, Paulette Dobyns (DCH)
Sent: Monday, September 09, 2013 12:12 PM
To: Fink, Brenda (DCH); Lightning, Jeanette (DCH); Derman, Barbara (DCH)
Subject: Pregnancy Parenting Program Contract Requirements FY 2014.doc
Importance: High

Thanks for the work Quess. Here are my edits for all of your consideration.

Derman, Barbara (DHHS)

From: Lightning, Jeanette (DCH)
Sent: Monday, September 09, 2013 3:14 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Importance: High

Paulette, Here's the change in objective item #3. language is similar to Title X contract language.

"Serve at least 2800 women and parents of infants. Agency must serve a minimum of 95% of the proposed number of participants to access its total amount allocated funds."

Jeanette Lightning, MPA

Manager Reproductive Health Unit
109 West Michigan Ave 3rd floor
Lansing, Michigan 48913
(517) 335-9263
lightningj@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Monday, September 09, 2013 2:03 PM
To: Lightning, Jeanette (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

The highlighted section was where I wasn't sure if I stated that requirement correctly. It should look like the Family Planning performance requirement. Can you look to see how it is worded in that contract? Thanks.

From: Lightning, Jeanette (DCH)
Sent: Monday, September 09, 2013 1:49 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Hi Paulette,
I proofed the document it looks good. Item that was highlight yellow "fix" is that to add the amount of funding?
JL

Jeanette Lightning, MPA

Manager Reproductive Health Unit
109 West Michigan Ave 3rd floor
Lansing, Michigan 48913
(517) 335-9263
lightningj@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Monday, September 09, 2013 12:12 PM
To: Fink, Brenda (DCH); Lightning, Jeanette (DCH); Derman, Barbara (DCH)
Subject: Pregnancy Parenting Program Contract Requirements FY 2014.doc
Importance: High

Thanks for the work Quess. Here are my edits for all of your consideration.

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Monday, September 09, 2013 2:45 PM
To: Lightning, Jeanette (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Jeanette, I finally remembered what the item was than needs to be added in the document. It is the racial ethnic groups. We need an unknown/not declared group if that information is unavailable. So I will add that in.

From: Lightning, Jeanette (DCH)
Sent: Monday, September 09, 2013 1:49 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Hi Paulette,
I proofed the document it looks good. Item that was highlight yellow "fix" is that to add the amount of funding?
JL

Jeanette Lightning, MPH
Manager Reproductive Health Unit
109 West Michigan Ave 3rd floor
Lansing, Michigan 48913
(517) 335-9263
lightningj@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Monday, September 09, 2013 12:12 PM
To: Fink, Brenda (DCH); Lightning, Jeanette (DCH); Derman, Barbara (DCH)
Subject: Pregnancy Parenting Program Contract Requirements FY 2014.doc
Importance: High

THanks for the work Quess. Here are my edits for all of your consideration.

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobyne (DCH)
Sent: Tuesday, September 10, 2013 8:12 AM
To: Fink, Brenda (DCH)
Cc: Lightning, Jeanette (DCH); Derman, Barbara (DCH)
Subject: Re: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Send to Kris Monday to meet the extension. However I am sure if you have comments we can still get to her.

Sent from my iPhone

On Sep 10, 2013, at 7:06 AM, "Fink, Brenda (DCH)" <FinkB@michigan.gov> wrote:

If we haven't sent this to Kristi yet, I'll try to look at it this afternoon . . . this jury duty (on top of painful ribs at night) is not helping me get caught up.

Brenda Fink, A.C.S.W.
Director, Division of Family and Community Health
Michigan Department of Community Health
109 W. Michigan Ave.
Lansing, MI 48933
517-335-8863
Fax: 517-335-8294
finkb@michigan.gov

From: Dunbar, Paulette Dobyne (DCH)
Sent: Monday, September 09, 2013 2:45 PM
To: Lightning, Jeanette (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Jeanette, I finally remembered what the item was than needs to be added in the document. It is the racial ethnic groups. We need an unknown/not declared group if that information is unavailable. So I will add that in.

From: Lightning, Jeanette (DCH)
Sent: Monday, September 09, 2013 1:49 PM
To: Dunbar, Paulette Dobyne (DCH); Fink, Brenda (DCH); Derman, Barbara (DCH)
Subject: RE: Pregnancy Parenting Program Contract Requirements FY 2014.doc

Hi Paulette,

I proofed the document it looks good. Item that was highlight yellow "fix" is that to add the amount of funding?

JL

Jeanette Lightning, MPH
Manager Reproductive Health Unit
109 West Michigan Ave 3rd floor
Lansing, Michigan 48913
(517) 335-9263
lightningj@michigan.gov

From: Dunbar, Paulette Dobyne (DCH)
Sent: Monday, September 09, 2013 12:12 PM

Derman, Barbara (DHHS)

From: Fink, Brenda (DCH)
Sent: Thursday, September 12, 2013 11:29 AM
To: Dunbar, Paulette Dobyns (DCH)
Cc: Derman, Barbara (DCH); Lightning, Jeanette (DCH)
Subject: Re: Real Alternatives document

No, I'm not concerned, I'm assuming the same thing you are--that she's hopefully just sent it on to them :)

Sent from my iPad

On Sep 12, 2013, at 10:12 AM, "Dunbar, Paulette Dobyns (DCH)" <dunbarp@michigan.gov> wrote:

> Thanks to Quess. We have not heard from Kristi. I have chosen to believe she does not have any additional needs. If you are concern I can contact her to assure she has what she needs. I am in touch with Jim in Cynthia GE to get the Single Sign On set up.

>

> Sent from my iPhone

>

> On Sep 12, 2013, at 9:30 AM, "Fink, Brenda (DCH)" <FinkB@michigan.gov> wrote:

>

>> I finally had time to look at what you sent Kristi--it looks really excellent. You all did a great job. I didn't see a single thing to edit. I am still way behind in email, but I haven't seen a response from Kristi, so hopefully she just sent it out to the folks. Thanks so much for such a terrific job on this. You really did make something difficult more helpful.

>>

>> Sent from my iPad

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Thursday, October 10, 2013 3:56 PM
To: Derman, Barbara (DCH); Lightning, Jeanette (DCH)
Subject: FW: FYI - Pregnant Women and Parenting Support Program - Assignment
Attachments: RA Proposed Attachment E.doc; PA RIDER 3 Budget Excel Sample 2012-2017.xlsx

Please review Kristi's request and see if we can comply with request. Let's talk if you need to. I will be in the office Friday & Monday afternoon. I will be out Tuesday afternoon and the rest of the week. I will send two more emails from Kristi. They include these attachments.

Quess: please send me a request for access to my calendar. I don't remember how to do it but want you to have access to my calendar as you need for working on these pre and interconception health projects. Of course, you can always ask any of the secretaries for they all have access.

From: Broessel, Kristi (DCH)
Sent: Wednesday, October 09, 2013 4:00 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)
Subject: FW: FYI

FYI – Statement of Work

Attachment E – Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program

By October 15, 2013 submit to DFCH@michigan.gov the Pregnancy and Parenting Support Services Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services?
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
 - c. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical home, social services, and other supports as required and available.

2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.
 - a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
6. Assure that program vendor Service Providers:
 - ♦ are a nonprofit organization with 501(c)3 tax exempt status
 - ♦ operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
 - ♦ maintain a pro-life mission and agree not to promote, refer, or counsel abortion nor abortifacients as an option to a crisis or unplanned pregnancy
 - ♦ are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - ♦ are nondiscriminatory
 - ♦ agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - ♦ have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - ♦ provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - ♦ agree to serve all eligible clients, including those with Limited English Proficiency
 - ♦ will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - ♦ maintain client confidentiality

- ♦ will submit their counselor training materials, and policies and procedures manual for evaluation
 - ♦ do not charge a fee for services to eligible clients.
 - ♦ provide handicapped accessible services.
7. Assure Service Provider compliance with program policies and objectives, including:
- a. Initial and annual site monitoring of Service Provider sites
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitorings.
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
- a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken, if necessary;
 - c. Technical assistance provided;
 - d. Follow-up on site monitor findings for Service Providers;
 - e. Direct service activities such as information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities; and
 - g. Total Department Grant funds expended, by funding source, on Grantee administrative services.
 - h. The number of clients seen, by their county of residence, and their age reported by the following age groups:
 - 1. Less than 16 years old;
 - 2. 16 years old through 20 years old;
 - 3. 21 years old through 25 years old;
 - 4. 26 years old through 30 years old;

5. 31 years old through 35 years old;
6. 36 years old through 40 years old;
7. 41 years old through 45 years old; and
8. 46 years old and older.

- i. The number of visits by clients in the previously defined age categories, by type of visit;
- j. The number of hours of counseling and education provided, by Service Provider; and
- k. The number of telephone calls received on the hotline and number of subsequent referrals to Service Providers, by specific Service Provider.

Budget
July 2012 - June 2013

	State Budgeted Dollars	TANF Budgeted Dollars	Total Dollars
Administrative Costs	#VALUE!	#VALUE!	
Services Costs	#VALUE!	#VALUE!	\$ -
Total Cost	#VALUE!	#VALUE!	\$ -
	#VALUE!	#VALUE!	#VALUE!

Sources of Funds:

Women's Service Programs: Appropriation 155 #VALUE!

TANF BG: Appropriation 738 #VALUE!

Total #VALUE!

	A	B	C	D	E
1					
2					
3		July 2012 - June 2013			
4		ESTIMATED ADMINISTRATIVE COSTS			
5		Cost Category	State Budgeted Dollars	TANF Budgeted Dollars	Total Dollars
6					
7					
8	1	PERSONNEL			
9		SALARY/WAGES			
10		President & CEO			\$ -
11		Director of Finance			\$ -
12		Assistant Director of Finance			\$ -
13		Accountant			\$ -
14		Bookkeeper			\$ -
15		Subtotal	\$ -	\$ -	\$ -
16					
17		OTHER PERSONNEL COSTS			
18		Overtime	\$ -	\$ -	\$ -
19		Unused Sick Leave Obligation Paid			\$ -
20		Payroll Taxes			\$ -
21		Job Advertising			\$ -
22		Employee Screening			\$ -
23		Professional Development			\$ -
24		Subtotal	\$ -	\$ -	\$ -
25					
26		BENEFITS			
27		Workers Compensation Insurance			\$ -
28		Pension Contribution			\$ -
29		Employee Group Insurance			\$ -
30		Subtotal	\$ -	\$ -	\$ -
31					
32		TOTAL PERSONNEL	\$ -	\$ -	\$ -
33					
34	2	OPERATING			
35		Consulting			\$ -
36		Postage/Shipping			\$ -
37		Auditing			\$ -
38		Travel/Lodging			\$ -
39		Rent			\$ -
40		Telephone Service			\$ -
41		General Business Liability Insurance			\$ -
42		Directors and Owners Liability Insurance			\$ -
43		Office Expense			\$ -
44		Computer Upgrades			\$ -
45		Resources Development		\$ -	\$ -
46		TOTAL OPERATING	\$ -	\$ -	\$ -
47					
48	3	EQUIPMENT			
49		Equipment Service Contracts			\$ -
50		TOTAL EQUIPMENT			\$ -
51					
52		TOTAL ADMINISTRATIVE COSTS	#VALUE!	#VALUE!	

	A	B	C	D	E
1					
2					
3		July 2012 - June 2013			
4		ESTIMATED SERVICES COSTS			
5			State Budgeted	TANF Budgeted	Total
6		Cost Category	Dollars	Dollars	Dollars
7					
8	1	PERSONNEL			
9		SALARY/WAGES			
10		Vice President of Operations			\$ -
11		Contract Compliance Specialist			\$ -
12		Quality Control Coordinator			\$ -
13		Outreach Coordinator			\$ -
14		LIFE AID Hotline Counselors			\$ -
15		Subtotal	\$ -	\$ -	\$ -
16					
17		OTHER PERSONNEL COSTS			
18		Overtime			\$ -
19		Unused Sick Leave Obligation Paid			\$ -
20		Payroll Taxes			\$ -
21		Job Advertising			\$ -
22		Employee Screening			\$ -
23		Professional Development			\$ -
24		Subtotal	\$ -	\$ -	\$ -
25					
26		BENEFITS			
27		Workers Compensation Insurance			\$ -
28		Pension Contribution			\$ -
29		Employee Group Insurance			\$ -
30		Subtotal	\$ -	\$ -	\$ -
31					
32		TOTAL PERSONNEL	\$ -	\$ -	\$ -
33					
34	2	OPERATING			
35		Information and Training Materials			\$ -
36		Services Advertising			\$ -
37		Travel			\$ -
38		Services Database Consulting			\$ -
39		Other Services Consulting			\$ -
40		Meetings and Seminars			\$ -
41		Minor Equipment Reimbursement			\$ -
42		New Site Development		\$ -	\$ -
43		New Program Development		\$ -	\$ -
44		Counseling Reimbursement			\$ -
45		Toll Free Referral System			\$ -
46		Outcome Measure Development	\$ -	\$ -	\$ -
47		Fiscal Year Close Out Costs			\$ -
48		TOTAL OPERATING	\$ -	\$ -	\$ -
49					
50	3	EQUIPMENT			
51		Pregnancy Test Kits			\$ -
52		TOTAL EQUIPMENT			\$ -
53					
54		TOTAL SERVICES COSTS	#VALUE!	#VALUE!	\$ -

Estimated Administrative Costs - Personnel

1. President & CEO	\$	-
The salary cost for the President & CEO for grant related activity for the period July 2012 to June 2013. Approximately 45% of Pres & CEO's time will be dedicated to the program.		
2. Director of Finance		-
The salary cost for the Director of Finance for grant related activity for the period July 2012 to June 2013.		
3. Assistant Director of Finance		-
The cost of wages for the Assistant Director of Finance for grant related activity for the period July 2012 to June 2013.		
4. Accountant		-
The cost of wages for the part time Accountant for grant related activity for the period July 2012 to June 2013.		
5. Bookkeeper		-
The cost of wages for the part time Bookkeeper for grant related activity for the period July 2012 to June 2013.		
6. Overtime		-
The cost of wages paid for overtime for the non-exempt administrative staff for the grant period.		
7. Paid Sick Leave Obligation Paid		-
The cost of the unused sick leave paid out for the administrative staff for the grant period.		
8. Payroll Taxes		-
The costs of the employer share of social security, medicare and Pennsylvania unemployment for the administrative staff.		
9. Job Advertising		-
The cost of advertising for new employees due to normal operating turnover.		
10. Employee Screening		-
The cost of verifying potential employee's academic and work history and drug screening.		
11. Professional Development & Training		-
The cost of classes, seminars, books and other professional development materials to insure employees are staying current with technology and professional matters.		
12. Workers Compensation Insurance		-
The prorated cost of workers compensation insurance for the administrative staff.		
13. 403B Retirement Contribution		-

Estimated Administrative Costs - Operating and Equipment

15. Consulting	\$	-
The costs of legal, computer and accounting consulting as required.		
16. Postage/Shipping		-
The costs for sending payments, supplies, pamphlets, reports, service provider documents and other general correspondence to vendors and service providers.		
17. Auditing		-
The prorated cost of an independent audit of project expenditures and accounting methods by a certified public accounting firm as required by the contract with DPW.		
18. Travel/Lodging		-
The cost for mileage, lodging , meals, parking and other related travel expenses for the President & CEO, administrative staff and Real Alternatives Board members.		
19. Rent		-
The prorated costs of the rental space costs for the Real Alternatives' administrative office.		
20. Telephone Service		-
Prorated portion of the costs for the phone system at the office and for local, long distance and cellular service.		
21. General Business Liability Insurance		-
Prorated cost of general business liability insurance to cover standard types of business liability issues.		
22. Directors and Owners Liability Insurance		-
Prorated cost of insurance to cover actions of the Board of Directors and staff of Real Alternatives.		
23. Office Expense		-
The cost of office supplies including printer and copier cartridges and paper for the operation of the PA Alternatives to Abortion Services Program.		
24. Computer Upgrades		-
The cost of software to enhance the company's ability to stay current with changing hardware and software technology.		
25. Resources Development		-
The cost of fundraising in support of the state alternatives to abortion program.		
26. Equipment Service Contracts		-

Estimated Services Costs - Personnel

1. Vice President of Operations \$ -
The salary cost of the Vice President of Operations for grant related activity for the period July 2012 to June 2013.
2. Contract Compliance Specialist -
The salary and wages cost of the Real Alternatives staff who provide service provider contract compliance evaluation services for the period July 2012 through June 2013.
3. Quality Control Coordinator -
The cost of wages for the full time Quality Control Coordinator for grant related activity for the period July 2012 through June 2013.
4. Outreach Coordinator -
The cost of wages for the part time Outreach Coordinator for grant related activity for the period July 2012 through June 2013.
5. LIFE AID Hotline Counselors -
The cost of wages for the part time hot line counselor for grant related activity for the period July 2012 through June 2013.
6. Overtime -
The cost of overtime wages for the non-exempt full time services staff for grant related activity for the period July 2012 through June 2013.
7. Unused Sick Leave Obligation Paid -
The cost of the payout of unused sick leave for full time services staff for grant related activity for the period July 2012 through June 2013.
8. Payroll Taxes -
The cost of the employer share of social security, medicare and Pennsylvania unemployment for the Services staff for the grant period
9. Job Advertising -
The cost of advertising for new employees due to normal operating turnover.
10. Employee Screening -
The cost of verifying a potential employee's academic and work history and drug screening.
11. Professional Development & Training -
The cost of classes, seminars, books and other professional development materials to insure employees are staying current with technology and professional matters.

Estimated Services Costs - Operating

16. Information and Training Materials	\$	-
The costs to purchase educational materials to provide to service providers for use in counseling and support services to eligible clients.		
17. Services Advertising		-
The costs to inform potential clients throughout the Commonwealth about alternatives to abortion services that are provided at Real Alternatives approved service providers through television and other media.		
18. Travel		-
The costs of travel directly related to serving and monitoring Real Alternatives service providers including site visits, training, monitoring and identifying new service providers.		
19. Services Database Consulting		-
The costs of maintaining and enhancing the Services database.		
20. Other Services Consulting		-
The cost of other consulting services that enhance Real Alternatives to provide grant related services during the period July 2012 through June 2013.		
21. Meetings and Seminars		-
The costs incurred for the annual service provider conference.		
22. Minor Equipment Reimbursement		-
The cost to reimburse service providers for their purchase of two drawer filing cabinets in order to store confidential client documents as required under the grant.		
23. New Site Development		-
Costs incurred to promote the establishment of new sites in areas where no program services exist.		
24. New Program Development		-
Costs incurred to promote the establishment of new programs.		
25. Counseling Reimbursement		-
The costs to reimburse the service providers for providing counseling, education and support services to eligible clients.		
26. Toll Free Referral System		-
The costs to operate the Toll Free Referral System, including rent and phone service.		
27. Outcome Measure Development	\$	-
The costs to develop outcome measures data as indicators of program health.		

Estimated Services Costs - Equipment

26. Pregnancy Test Kits

The costs to reimburse service providers for self administered pregnancy test kits.	\$	-
---	----	---

Total Estimated Services Cost	\$	-
-------------------------------	----	---

Total Budget		#VALUE!
--------------	--	---------

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Thursday, October 10, 2013 4:45 PM
To: Derman, Barbara (DCH)
Subject: RE: FYI - Pregnant Women and Parenting Support Program - Assignment

Friday is good. It will give me a chance to read all of the "stuff" they sent to see what they are requesting.

From: Derman, Barbara (DCH)
Sent: Thursday, October 10, 2013 4:41 PM
To: Dunbar, Paulette Dobynes (DCH)
Subject: RE: FYI - Pregnant Women and Parenting Support Program - Assignment

I would like to talk about this. I will be in the office Friday, but have a meeting in the Sault with Chippewa on Monday morning and will be driving back in the pm.

Just now seeing it. I'll work with Judy tomorrow to find the calendar access request, used to know how, but don't see it now.

Barbara (Quess) Derman, MSW
Public Health Consultant
Women's Reproductive Health
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Thursday, October 10, 2013 3:56 PM
To: Derman, Barbara (DCH); Lightning, Jeanette (DCH)
Subject: FW: FYI - Pregnant Women and Parenting Support Program - Assignment

Please review Kristi's request and see if we can comply with request. Let's talk if you need to. I will be in the office Friday & Monday afternoon. I will be out Tuesday afternoon and the rest of the week. I will send two more emails from Kristi. They include these attachments.

Quess: please send me a request for access to my calendar. I don't remember how to do it but want you to have access to my calendar as you need for working on these pre and interconception health projects. Of course, you can always ask any of the secretaries for they all have access.

From: Broessel, Kristi (DCH)
Sent: Wednesday, October 09, 2013 4:00 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)
Subject: FW: FYI

FYI – Statement of Work

Budget
July 2012 - June 2013

	State Budgeted Dollars	TANF Budgeted Dollars	Total Dollars
Administrative Costs	#VALUE!	#VALUE!	
Services Costs	#VALUE!	#VALUE!	\$ -
Total Cost	#VALUE!	#VALUE!	\$ -
	#VALUE!	#VALUE!	#VALUE!

Sources of Funds:

Women's Service Programs: Appropriation 155 #VALUE!

TANF BG: Appropriation 738 #VALUE!

Total #VALUE!

	A	B	C	D	E
1					
2					
3		July 2012 - June 2013			
4		ESTIMATED ADMINISTRATIVE COSTS			
5		Cost Category	State Budgeted Dollars	TANF Budgeted Dollars	Total Dollars
6					
7					
8	1	PERSONNEL			
9		SALARY/WAGES			
10		President & CEO			\$ -
11		Director of Finance			\$ -
12		Assistant Director of Finance			\$ -
13		Accountant			\$ -
14		Bookkeeper			\$ -
15		Subtotal	\$ -	\$ -	\$ -
16					
17		OTHER PERSONNEL COSTS			
18		Overtime	\$ -	\$ -	\$ -
19		Unused Sick Leave Obligation Paid			\$ -
20		Payroll Taxes			\$ -
21		Job Advertising			\$ -
22		Employee Screening			\$ -
23		Professional Development			\$ -
24		Subtotal	\$ -	\$ -	\$ -
25					
26		BENEFITS			
27		Workers Compensation Insurance			\$ -
28		Pension Contribution			\$ -
29		Employee Group Insurance			\$ -
30		Subtotal	\$ -	\$ -	\$ -
31					
32		TOTAL PERSONNEL	\$ -	\$ -	\$ -
33					
34	2	OPERATING			
35		Consulting			\$ -
36		Postage/Shipping			\$ -
37		Auditing			\$ -
38		Travel/Lodging			\$ -
39		Rent			\$ -
40		Telephone Service			\$ -
41		General Business Liability Insurance			\$ -
42		Directors and Owners Liability Insurance			\$ -
43		Office Expense			\$ -
44		Computer Upgrades			\$ -
45		Resources Development		\$ -	\$ -
46		TOTAL OPERATING	\$ -	\$ -	\$ -
47					
48	3	EQUIPMENT			
49		Equipment Service Contracts			\$ -
50		TOTAL EQUIPMENT			\$ -
51					
52		TOTAL ADMINISTRATIVE COSTS	#VALUE!	#VALUE!	

Estimated Administrative Costs - Personnel

1. President & CEO	\$ -
The salary cost for the President & CEO for grant related activity for the period July 2012 to June 2013. Approximately 45% of Pres & CEO's time will be dedicated to the program.	
2. Director of Finance	-
The salary cost for the Director of Finance for grant related activity for the period July 2012 to June 2013.	
3. Assistant Director of Finance	-
The cost of wages for the Assistant Director of Finance for grant related activity for the period July 2012 to June 2013.	
4. Accountant	-
The cost of wages for the part time Accountant for grant related activity for the period July 2012 to June 2013.	
5. Bookkeeper	-
The cost of wages for the part time Bookkeeper for grant related activity for the period July 2012 to June 2013.	
6. Overtime	-
The cost of wages paid for overtime for the non-exempt administrative staff for the grant period.	
7. Paid Sick Leave Obligation Paid	-
The cost of the unused sick leave paid out for the administrative staff for the grant period.	
8. Payroll Taxes	-
The costs of the employer share of social security, medicare and Pennsylvania unemployment for the administrative staff.	
9. Job Advertising	-
The cost of advertising for new employees due to normal operating turnover.	
10. Employee Screening	-
The cost of verifying potential employee's academic and work history and drug screening.	
11. Professional Development & Training	-
The cost of classes, seminars, books and other professional development materials to insure employees are staying current with technology and professional matters.	
12. Workers Compensation Insurance	-
The prorated cost of workers compensation insurance for the administrative staff.	
13. 403B Retirement Contribution	-

Estimated Administrative Costs - Operating and Equipment

15. Consulting	\$	-
The costs of legal, computer and accounting consulting as required.		
16. Postage/Shipping		-
The costs for sending payments, supplies, pamphlets, reports, service provider documents and other general correspondence to vendors and service providers.		
17. Auditing		-
The prorated cost of an independent audit of project expenditures and accounting methods by a certified public accounting firm as required by the contract with DPW.		
18. Travel/Lodging		-
The cost for mileage, lodging , meals, parking and other related travel expenses for the President & CEO, administrative staff and Real Alternatives Board members.		
19. Rent		-
The prorated costs of the rental space costs for the Real Alternatives' administrative office.		
20. Telephone Service		-
Prorated portion of the costs for the phone system at the office and for local, long distance and cellular service.		
21. General Business Liability Insurance		-
Prorated cost of general business liability insurance to cover standard types of business liability issues.		
22. Directors and Owners Liability Insurance		-
Prorated cost of insurance to cover actions of the Board of Directors and staff of Real Alternatives.		
23. Office Expense		-
The cost of office supplies including printer and copier cartridges and paper for the operation of the PA Alternatives to Abortion Services Program.		
24. Computer Upgrades		-
The cost of software to enhance the company's ability to stay current with changing hardware and software technology.		
25. Resources Development		-
The cost of fundraising in support of the state alternatives to abortion program.		
26. Equipment Service Contracts		-

Estimated Services Costs - Personnel

1. Vice President of Operations \$ -
The salary cost of the Vice President of Operations for grant related activity for the period July 2012 to June 2013.
2. Contract Compliance Specialist -
The salary and wages cost of the Real Alternatives staff who provide service provider contract compliance evaluation services for the period July 2012 through June 2013.
3. Quality Control Coordinator -
The cost of wages for the full time Quality Control Coordinator for grant related activity for the period July 2012 through June 2013.
4. Outreach Coordinator -
The cost of wages for the part time Outreach Coordinator for grant related activity for the period July 2012 through June 2013.
5. LIFE AID Hotline Counselors -
The cost of wages for the part time hot line counselor for grant related activity for the period July 2012 through June 2013.
6. Overtime -
The cost of overtime wages for the non-exempt full time services staff for grant related activity for the period July 2012 through June 2013.
7. Unused Sick Leave Obligation Paid -
The cost of the payout of unused sick leave for full time services staff for grant related activity for the period July 2012 through June 2013.
8. Payroll Taxes -
The cost of the employer share of social security, medicare and Pennsylvania unemployment for the Services staff for the grant period
9. Job Advertising -
The cost of advertising for new employees due to normal operating turnover.
10. Employee Screening -
The cost of verifying a potential employee's academic and work history and drug screening.
11. Professional Development & Training -
The cost of classes, seminars, books and other professional development materials to insure employees are staying current with technology and professional matters.

Estimated Services Costs - Operating

16. Information and Training Materials	\$	-
The costs to purchase educational materials to provide to service providers for use in counseling and support services to eligible clients.		
17. Services Advertising		-
The costs to inform potential clients throughout the Commonwealth about alternatives to abortion services that are provided at Real Alternatives approved service providers through television and other media.		
18. Travel		-
The costs of travel directly related to serving and monitoring Real Alternatives service providers including site visits, training, monitoring and identifying new service providers.		
19. Services Database Consulting		-
The costs of maintaining and enhancing the Services database.		
20. Other Services Consulting		-
The cost of other consulting services that enhance Real Alternatives to provide grant related services during the period July 2012 through June 2013.		
21. Meetings and Seminars		-
The costs incurred for the annual service provider conference.		
22. Minor Equipment Reimbursement		-
The cost to reimburse service providers for their purchase of two drawer filing cabinets in order to store confidential client documents as required under the grant.		
23. New Site Development		-
Costs incurred to promote the establishment of new sites in areas where no program services exist.		
24. New Program Development		-
Costs incurred to promote the establishment of new programs.		
25. Counseling Reimbursement		-
The costs to reimburse the service providers for providing counseling, education and support services to eligible clients.		
26. Toll Free Referral System		-
The costs to operate the Toll Free Referral System, including rent and phone service.		
27. Outcome Measure Development	\$	-
The costs to develop outcome measures data as indicators of program health.		

Estimated Services Costs - Equipment

26. Pregnancy Test Kits

The costs to reimburse service providers for self administered pregnancy test kits.	\$	-
---	----	---

Total Estimated Services Cost	\$	-
-------------------------------	----	---

Total Budget		#VALUE!
--------------	--	---------

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Wednesday, October 16, 2013 4:48 PM
To: Derman, Barbara (DCH)
Cc: Lightning, Jeanette (DCH)
Subject: Fwd: Draft Michigan Workplan - Pregnant & Parenting Support Part 3
Attachments: MI WorkPlan 10-5-13.docx; ATT00001.htm

See attached.

Sent from my iPad

Begin forwarded message:

From: "Broessel, Kristi (DCH)" <BroesselK@michigan.gov>
Date: October 9, 2013, 3:58:31 PM EDT
To: "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Fink, Brenda (DCH)" <FinkB@michigan.gov>
Subject: FW: Draft Michigan Workplan

I sent the Statement of Work that you had prepared and Real Alternatives asked to provided us with their proposed statement of work and work plan that is based on their working model in Pennsylvania. I will forward their proposed statement of work under a separate message and I will send you the sample budget that I will work with them on. Please let me know what you think and if we need to have a face to face or phone meeting to discuss this further. Thank you.

**MICHIGAN PREGNANCY AND PARENTING SUPPORT PROGRAM
FISCAL YEAR 2013 / 2014**

INTRODUCTION

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary “Real Alternatives Program and Instructional Design” (RAPID)¹ system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

Corporate Mission Statement

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

CORPORATE BACKGROUND AND EXPERIENCE

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last fifteen years. During that time, over 212,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Public Welfare to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies. Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 16 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out

the policies of the Corporation, throughout all endeavors on behalf of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

Real Alternatives Staff Administration

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.5 million a year PA Alternative to Abortion Services Program, and the second that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Director of Finance, and a full-time Assistant Director of Finance. Additional personnel include a full-time Accountant, part-time Bookkeeper, a full-time Quality Control Manager, a part-time Special Projects Coordinator, a part-time Evaluation Manager, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

PROGRAM WORKPLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the

parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs², improving women's health³, and obtaining overall long-term savings for the taxpayers of Michigan.

A) PROGRAM DESIGN

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania as a good steward of government financial resources to meet Pennsylvania's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide regional program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.) Real Alternatives plans to subcontract with vendor

service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include 76 pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provides life-affirming alternative to abortion services presently throughout Southern Michigan (approximate geographical area south of the Grand Rapids – Lansing – Flint Corridor). Real Alternatives will send a letter to them in October 2013 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. After receiving a 16.67% operating advance of the total program contract value for start up costs and rollout of the regional program, Real Alternatives envisions reporting to DCH for the previous month's services performed. Requests for remaining cash advances will occur each quarter. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement the RAPID Client Education Materials Purchase during the first year of the grant. Again, the state of Michigan will be able to save development time and money by using material which has already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with fifteen years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will develop special education and information materials tailored for the Michigan program.

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Once a large number of vendor service providers are approved, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below).

Real Alternatives will use the media ads developed and tested over the years in the Pennsylvania program that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years in Pennsylvania, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the

existing bilingual Real Alternatives website, www.RealAlternatives.org, which will be adapted for use by Michigan citizens. That website will be available immediately once vendor service providers are signed, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Program. As such, all media, brochures, television, and future radio ads will advertise it. During fiscal year 2013/14 the advertisement budget is high so that Real Alternatives may inform the women of Michigan of the program's existence. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.05 per minute for counseling time and referral time; \$21.00 per class per client; \$10.50 per client self-administered pregnancy test kit, \$10.50 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.25 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the

vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach. This approach results in the Michigan Pregnancy and Parenting Support Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 16 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct

annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual regional education material purchase for clients; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

Service Provider Selection Process

Providing alternative to abortion services requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion

- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body

- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 10- 20 out of the approximate 76 pro-life vendor service provider sites located in the Southern Michigan region to serve women in need during fiscal year 2013-2014.

Service Provider Training and Monitoring

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. This training will ensure that services to clients can start in January 1, 2014. Thereafter, vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2014.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Charitable Choice Act – Faith-Based Organization Policy

Real Alternatives proposes to implement the present RAPID faith-based policy currently being used in Pennsylvania. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a

client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

Client Services

The primary purpose of the Michigan Pregnancy and Parenting Support Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and

education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed

- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes

- ♦ teen pregnancy prevention programs
- ♦ other counseling offered to modify risk-taking behavior.⁴

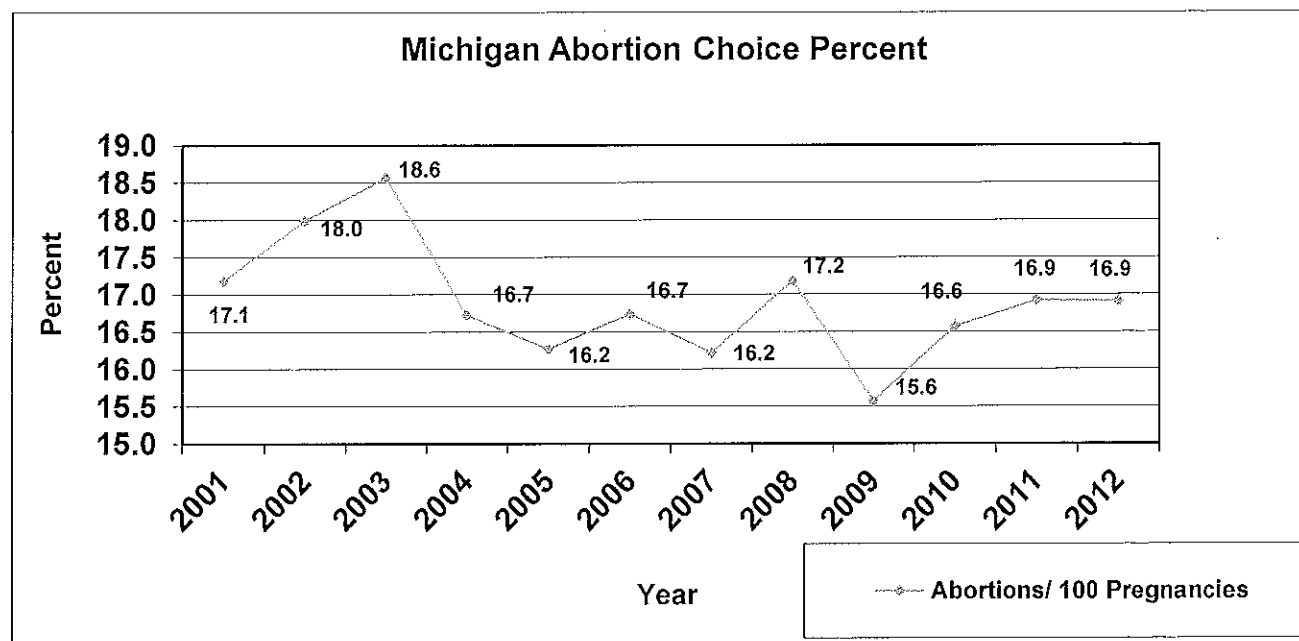
This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

SECTION 5: ASSUMPTIONS

This proposal is based on the assumption that if awarded, DCH will advance the appropriate requested amount of total contract funds for startup and reimbursement thereafter for program services will occur quarterly on a timely basis.

SECTION 6: APPENDICES

Exhibit 1



“The Michigan Abortion Choice Percentage” is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

Exhibit 2: END NOTES

¹ The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is specifically exempt from

² Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, *Centers for Disease Control and Prevention*.

³ Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, *Journal of American Physicians and Surgeons*, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A

Note of Caution for High-Risk Women”, *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women ≤ 40 years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) “Clinical Depression Linked to Abortion”, *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, *The British Journal of Psychiatry*, May 2009, Vol. 195, pp.420-426

⁴ Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. “Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School”, *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. “Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What Research Shows”, *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. “The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth”, *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence” or “Comprehensive” Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. “Preventing STDs,” Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. “Sexually Transmitted Diseases”, Nestor, Lynn Paige,

MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSactivities/ucm126372.htm> accessed 5/31/12 Page Last Updated: 07/22/2010

A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex.

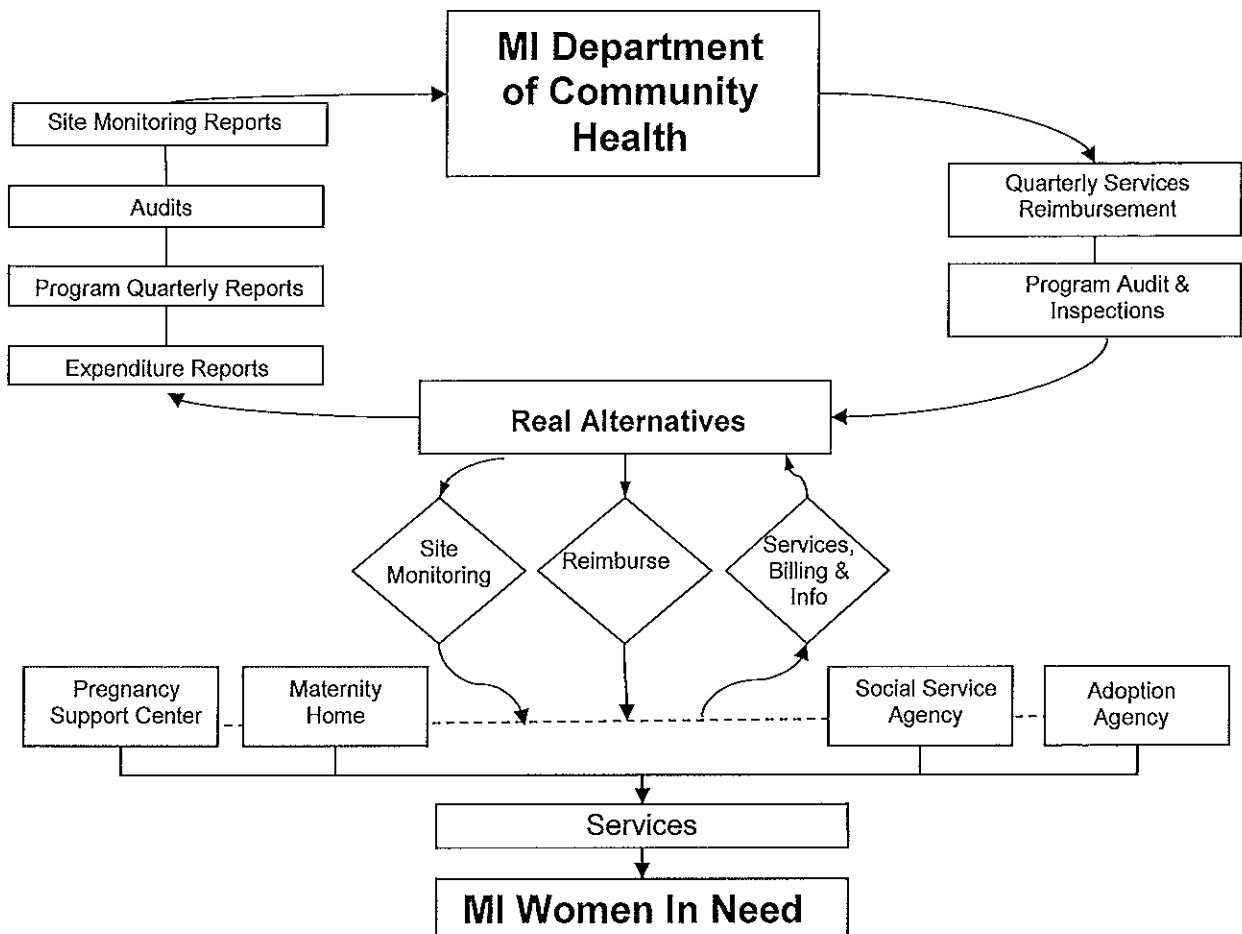
<http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. *Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, 2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobynes (DCH)
Sent: Wednesday, October 16, 2013 5:11 PM
To: Derman, Barbara (DCH)
Cc: Lightning, Jeanette (DCH)
Subject: Re: Draft Michigan Workplan - Pregnant & Parenting Support Part 3

We need to reiterate the data that is needed for monitoring and evaluating the outcomes that are promised. Thanks Quess.

Sent from my iPad

On Oct 16, 2013, at 5:01 PM, "Derman, Barbara (DCH)" <DermanB@michigan.gov> wrote:

Thanks Paulette, This is the one I didn't have. I will try to get you a draft response to the work plan...seems they didn't respond to the specific data we are asking for... but just want to tell us how many women they touch and what their age is...

Barbara (Quess) Derman, MSW

Public Health Consultant
Women's Reproductive Health
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Wednesday, October 16, 2013 4:48 PM
To: Derman, Barbara (DCH)
Cc: Lightning, Jeanette (DCH)
Subject: Fwd: Draft Michigan Workplan - Pregnant & Parenting Support Part 3

See attached.

Sent from my iPad

Begin forwarded message:

From: "Broessel, Kristi (DCH)" <BroesselK@michigan.gov>
Date: October 9, 2013, 3:58:31 PM EDT
To: "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Fink, Brenda (DCH)" <FinkB@michigan.gov>
Subject: FW: Draft Michigan Workplan

I sent the Statement of Work that you had prepared and Real Alternatives asked to provided us with their proposed statement of work and work plan that is based on their working model in Pennsylvania. I will forward their proposed statement of work under a separate message and I will send you the sample budget that I will work with them on. Please let me know what you think and if we need to have a face to face or phone meeting to discuss this further. Thank you.

Derman, Barbara (DHHS)

From: Dunbar, Paulette Dobyne (DCH)
Sent: Wednesday, October 23, 2013 9:23 AM
To: Derman, Barbara (DCH)
Subject: Re: Draft Michigan Workplan - Pregnant & Parenting Support

On target. I will forward Kristi's ema so you can send to her. Thank you

Sent from my iPhone

On Oct 22, 2013, at 3:02 PM, "Derman, Barbara (DCH)" <DermanB@michigan.gov> wrote:

Paulette, Does this address the issues more clearly? Please see revised response

I have reviewed the Attachment E - Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program for Michigan submitted to Kristi Broessel at MDCH. I have has four concerns which I would like you to address concerning on-going assurance that the program can be monitored for quality of care. Also DFCH requested client specific data reporting to allow for monitoring and evaluating the effectiveness of the program's first year supporting positive pregnancy outcomes for women opting to keep an unexpected pregnancy. These reporting elements were not addressed. Please see below:

1. It appears that program operations will be administered and monitored from the corporate office in Pennsylvania. Monitoring of Michigan programs appears to be: through provider assurances, an initial and annual site visits, and submission of billing for services. Please describe indicators for the initial and annual site visits that assure compliance with program objectives and assure that quality services are provided to Michigan women.
2. The description of services to be provided include: crisis counseling around pregnancy decisions; pregnancy support; parenting education and support; and referrals provided by "trained counselors (degreed, on-degreed, and volunteer)." Quality assurance of services appears to rely on submission and evaluation of counselor training materials and policy and procedure manuals, as well as submission of billing for services. Please describe quality standards that will be evaluated in counselor training materials.
3. Attachment E states that service providers will be required to maintain referral lists to organizations providing care to mothers and infants. It does not describe how the quality of these referral sources will be evaluated. Please describe how referral organization performance will be evaluated, such as through a process of client feedback, etc.
4. The attachment E Statement of work does not address a process for identifying client needs in the areas of pregnancy support or maternal or parenting needs. The statement also does not address case management or follow-up activities to assure completion of referrals or on-going care for clients of the program. Please describe how these essential elements of quality care will be assured.
5. DFCH requested client specific data reporting for the purposes of monitoring and evaluating the program outcomes. These are required. Please include these in Attachment E.
Required reporting includes Quarterly report of:
 - a. The number of pregnant women served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at enrollment
 - iii. By family income, based on federal poverty level tables

- iv. By race (White; African American; Native American; Asian; multi-racial; and unknown/not declared)
- v. By ethnicity (Hispanic; Non-Hispanic)
- b. The number of parents served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at time of enrollment or by infant age if enrolled after birth
 - iii. By family income, based on federal poverty level tables
 - iv. By race (White; African American; Native American; Asian; multi-racial; and unknown/not declared)
 - v. By ethnicity (Hispanic; Non-Hispanic)
- c. Report of number of outreach activities by type:
 - i. Telephone enrollment
 - ii. Hotline calls from Michigan
 - iii. Face-to-face outreach activities
 - iv. Public Information activities
- d. Report of referrals with completed linkage to care
 - i. Number and types of completed referrals for pregnant women
 - ii. Number and types of completed referrals for infant care/parenting education/or support
- e. Report of number of infants born to women in care and birth outcome

Required monthly report to State of Michigan Single Sign On:

- a. Women and infants served by name, delivery date and birthdate, residential Zip Code at time of delivery. This allows data to be matched with birth or death certificates to evaluate outcomes.

From: Dunbar, Paulette Dobynes (DCH)
Sent: Wednesday, October 16, 2013 5:11 PM
To: Derman, Barbara (DCH)
Cc: Lightning, Jeanette (DCH)
Subject: Re: Draft Michigan Workplan - Pregnant & Parenting Support Part 3

We need to reiterate the data that is needed for monitoring and evaluating the outcomes that are promised. Thanks Quess.

Sent from my iPad

On Oct 16, 2013, at 5:01 PM, "Derman, Barbara (DCH)" <DermanB@michigan.gov> wrote:

Thanks Paulette, This is the one I didn't have. I will try to get you a draft response to the work plan...seems they didn't respond to the specific data we are asking for... but just want to tell us how many women they touch and what their age is...

Barbara (Quess) Derman, MSW
Public Health Consultant
Women's Reproductive Health
PO Box 30195, 109 W. Michigan Ave.
Lansing, Michigan 48909
Phone: 517-335-8696 Fax: 517-335-8822
Cell: 517-449-5968 DermanB@michigan.gov

From: Dunbar, Paulette Dobynes (DCH)
Sent: Wednesday, October 16, 2013 4:48 PM
To: Derman, Barbara (DCH)
Cc: Lightning, Jeanette (DCH)
Subject: Fwd: Draft Michigan Workplan - Pregnant & Parenting Support Part 3

See attached.

Sent from my iPad

Begin forwarded message:

From: "Broessel, Kristi (DCH)" <BroesselK@michigan.gov>
Date: October 9, 2013, 3:58:31 PM EDT
To: "Dunbar, Paulette Dobynes (DCH)"
<dunbarp@michigan.gov>, "Fink, Brenda (DCH)"
<FinkB@michigan.gov>
Subject: FW: Draft Michigan Workplan

I sent the Statement of Work that you had prepared and Real Alternatives asked to provided us with their proposed statement of work and work plan that is based on their working model in Pennsylvania. I will forward their proposed statement of work under a separate message and I will send you the sample budget that I will work with them on. Please let me know what you think and if we need to have a face to face or phone meeting to discuss this further. Thank you.

Derman, Barbara (DHHS)

From: Derman, Barbara (DCH)
Sent: Wednesday, October 23, 2013 11:30 AM
To: Dunbar, Paulette Dobynes (DCH)
Subject: Response to Real Alternatives Draft Michigan Workplan for 2014
Attachments: Real Alternatives Statement of Work FY 2014 Response.doc; Real Alternatives Attachment E- Statement of Work 2014.doc; Draft Michigan Work Plan-Pregnant & Parenting Support Part 3.doc

Importance: High

Here you go. I put this response in a Word document for you to forward to Kristi. I figured out how to save the documents you sent by I-Pad so they can be read... ☺

Begin forwarded message:

From: "Broessel, Kristi (DCH)" <BroesselK@michigan.gov>
Date: October 21, 2013, 11:19:21 AM EDT
To: "Fink, Brenda (DCH)" <FinkB@michigan.gov>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>
Subject: FW: Draft Michigan Workplan

Please provide me with your feedback so that I may prepare this grant agreement by Wednesday, October 23. I sent three messages with three different attachments for your review on October 9. I will have the budget completed later today and will be ready to move forward as soon as I have a work plan. Thank you your assistance.

From: Broessel, Kristi (DCH)
Sent: Wednesday, October 09, 2013 3:59 PM
To: Dunbar, Paulette Dobynes (DCH); Fink, Brenda (DCH)
Subject: FW: Draft Michigan Workplan

I sent the Statement of Work that you had prepared and Real Alternatives asked to provided us with their proposed statement of work and work plan that is based on their working model in Pennsylvania. I will forward their proposed statement of work under a separate message and I will send you the sample budget that I will work with them on. Please let me know what you think and if we need to have a face to face or phone meeting to discuss this further. Thank you.

Response to Attachment E- Statement of Work for Real Alternatives
Pregnancy and Parenting Support Services Program for Michigan - FY 2014

Thank you for submitting Attachment E Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program for Michigan and your program description and budget format. We have reviewed the Statement of Work and have a few issues we would like for you to address. There are four concerns regarding monitoring and on-going assurance of quality care. They are listed in numbers one through four (1-4) below. Also, DFCH requested demographic as well as client specific data reporting to allow for monitoring and evaluating the performance and outcomes of the program's first year providing positive pregnancy support for women keeping an unexpected pregnancy. These reporting elements were not addressed they are listed in number five (5) below:

1. It appears that program operations will be administered and monitored from the corporate office in Pennsylvania. Monitoring of Michigan programs is described as: securing provider assurances, making initial and annual site visits, and monitoring of billing for services submissions. Please describe the indicators to be used for the initial and annual site visits that assure compliance with program objectives and assure that quality services provided.
2. The description of services to be provided include: crisis counseling around pregnancy decisions; pregnancy support; parenting education and support; and referrals provided by "trained counselors" who are degreed, non-degreed, or volunteer. Quality assurance of services described seems to rely on submission and evaluation of counselor training materials and policy and procedure manuals, and submission of billing for services. Please describe quality standards that will be used to evaluate counselor training materials and policy and procedure manuals.
3. Attachment E states that service providers will be required to maintain referral lists to organizations providing care to mothers and infants. It does not describe how the quality of these referral sources will be assured. Please describe how referral organization performance will be evaluated, such as through a process of client feedback, referral responses, etc.
4. The attachment E Statement of work does not address a process for identifying client needs in the areas of pregnancy support, maternal support, or parenting support needs. The statement also does not address case management or follow-up activities to assure completion of referrals or on-going work with clients of the program. Please describe how these essential elements of support services will be monitored and assured.
5. DFCH requested client specific data reporting for the purposes of monitoring and evaluating the program outcomes as this is a pilot project where we hope to be able to demonstrate positive outcomes resulting from program activity. This data is required to monitor successful outcomes. Please include these in Attachment E.
Required reporting includes Quarterly report of:
 - a. The number of pregnant women served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at enrollment
 - iii. By family income, based on federal poverty level tables

- iv. By race (White; African American; Native American; Asian; multi-racial; and unknown/not declared)
 - v. By ethnicity (Hispanic; Non-Hispanic)
- b. The number of parents served:
 - i. By zip code of residence at time of enrollment
 - ii. By estimated weeks of gestation at time of enrollment or by infant age if enrolled after birth
 - iii. By family income, based on federal poverty level tables
 - iv. By race (White; African American; Native American; Asian; multi-racial; and unknown/not declared)
 - v. By ethnicity (Hispanic; Non-Hispanic)
- c. Report of number of outreach activities by type:
 - i. Telephone enrollment
 - ii. Hotline calls from Michigan
 - iii. Face-to-face outreach activities
 - iv. Public Information activities
- d. Report of referrals with completed linkage to care
 - i. Number and types of completed referrals for pregnant women
 - ii. Number and types of completed referrals for infant care/parenting education/or support
- e. Report of number of infants born to women in care and birth outcome

Required monthly report to State of Michigan Single Sign On:

- a. Women and infants served by name, delivery date and birthdate, residential Zip Code at time of delivery. This allows data to be matched with birth or death certificates to evaluate outcomes.

Attachment E – Statement of Work for FY 2014 Pregnancy and Parenting Support Services Program

By October 15, 2013 submit to DFCH@michigan.gov the Pregnancy and Parenting Support Services Program description of service:

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services?
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
 - c. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical home, social services, and other supports as required and available.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)

3. ~~Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.~~
 - a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 2000 women and parents of infants at approximately 8000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
6. Assure that program vendor Service Providers:
 - ♦ are a nonprofit organization with 501(c)3 tax exempt status
 - ♦ operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
 - ♦ maintain a pro-life mission and agree not to promote, refer, or counsel abortion nor abortifacients as an option to a crisis or unplanned pregnancy
 - ♦ are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - ♦ are nondiscriminatory
 - ♦ agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - ♦ have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - ♦ provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - ♦ agree to serve all eligible clients, including those with Limited English Proficiency
 - ♦ will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - ♦ maintain client confidentiality
 - ♦ will submit their counselor training materials, and policies and procedures manual for evaluation
 - ♦ do not charge a fee for services to eligible clients.
 - ♦ provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
 - a. Initial and annual site monitoring of Service Provider sites
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitorings.
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
 - a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken, if necessary;
 - c. Technical assistance provided;
 - d. Follow-up on site monitor findings for Service Providers;
 - e. Direct service activities such as information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities; and
 - g. Total Department Grant funds expended, by funding source, on Grantee administrative services.
 - h. The number of clients seen, by their county of residence, and their age reported by the following age groups:
 1. Less than 16 years old;
 2. 16 years old through 20 years old;
 3. 21 years old through 25 years old;
 4. 26 years old through 30 years old;
 5. 31 years old through 35 years old;
 6. 36 years old through 40 years old;
 7. 41 years old through 45 years old; and
 8. 46 years old and older.

- i. The number of visits by clients in the previously defined age categories, by type of visit;
- j. The number of hours of counseling and education provided, by Service Provider; and
- k. The number of telephone calls received on the hotline and number of subsequent referrals to Service Providers, by specific Service Provider.

MICHIGAN PREGNANCY AND PARENTING SUPPORT PROGRAM FISCAL YEAR 2013 / 2014

INTRODUCTION

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)¹ system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

Corporate Mission Statement

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

Corporate BACKGROUND AND EXPERIENCE

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last fifteen years. During that time, over 212,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Public Welfare to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies. Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 16 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out

the policies of the Corporation, throughout all endeavors on behalf of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

Real Alternatives Staff Administration

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.5 million a year PA Alternative to Abortion Services Program, and the second that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Director of Finance, and a full-time Assistant Director of Finance. Additional personnel include a full-time Accountant, part-time Bookkeeper, a full-time Quality Control Manager, a part-time Special Projects Coordinator, a part-time Evaluation Manager, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

PROGRAM WORKPLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in

developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs², improving women's health³, and obtaining overall long-term savings for the taxpayers of Michigan.

A) PROGRAM DESIGN

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania as a good steward of government financial resources to meet Pennsylvania's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide regional program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually

portrayed at Exhibit 3 in the appendices.) Real Alternatives plans to subcontract with vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include 76 pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provides life-affirming alternative to abortion services presently throughout Southern Michigan (approximate geographical area south of the Grand Rapids – Lansing – Flint Corridor). Real Alternatives will send a letter to them in October 2013 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. After receiving a 16.67% operating advance of the total program contract value for start up costs and rollout of the regional program, Real Alternatives envisions reporting to DCH for the previous month's services performed.

Requests for remaining cash advances will occur each quarter. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement the RAPID Client Education Materials Purchase during the first year of the grant. Again, the state of Michigan will be able to save development time and money by using material which has already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with fifteen years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will develop special education and information materials tailored for the Michigan program.

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Once a large number of vendor service providers are approved, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below).

Real Alternatives will use the media ads developed and tested over the years in the Pennsylvania program that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years in Pennsylvania, media buying will accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the

caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website, www.RealAlternatives.org, which will be adapted for use by Michigan citizens. That website will be available immediately once vendor service providers are signed, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Program. As such, all media, brochures, television, and future radio ads will advertise it. During fiscal year 2013/14 the advertisement budget is high so that Real Alternatives may inform the women of Michigan of the program's existence. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.05 per minute for counseling time and referral time; \$21.00 per class per client; \$10.50 per client self-administered pregnancy test kit, \$10.50 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.25 per online client data collection form. This performance driven reimbursement

system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach. This approach results in the Michigan Pregnancy and Parenting Support Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 16 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual regional education material purchase for clients; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

Service Provider Selection Process

Providing alternative to abortion services requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion

- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number

- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 10- 20 out of the approximate 76 pro-life vendor service provider sites located in the Southern Michigan region to serve women in need during fiscal year 2013-2014.

Service Provider Training and Monitoring

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. This training will ensure that services to clients can start in January 1, 2014. Thereafter, vendor service providers are retrained

every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2014.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Charitable Choice Act – Faith-Based Organization Policy

Real Alternatives proposes to implement the present RAPID faith-based policy currently being used in Pennsylvania. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

Client Services

The primary purpose of the Michigan Pregnancy and Parenting Support Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere

- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs
- ♦ other counseling offered to modify risk-taking behavior.⁴

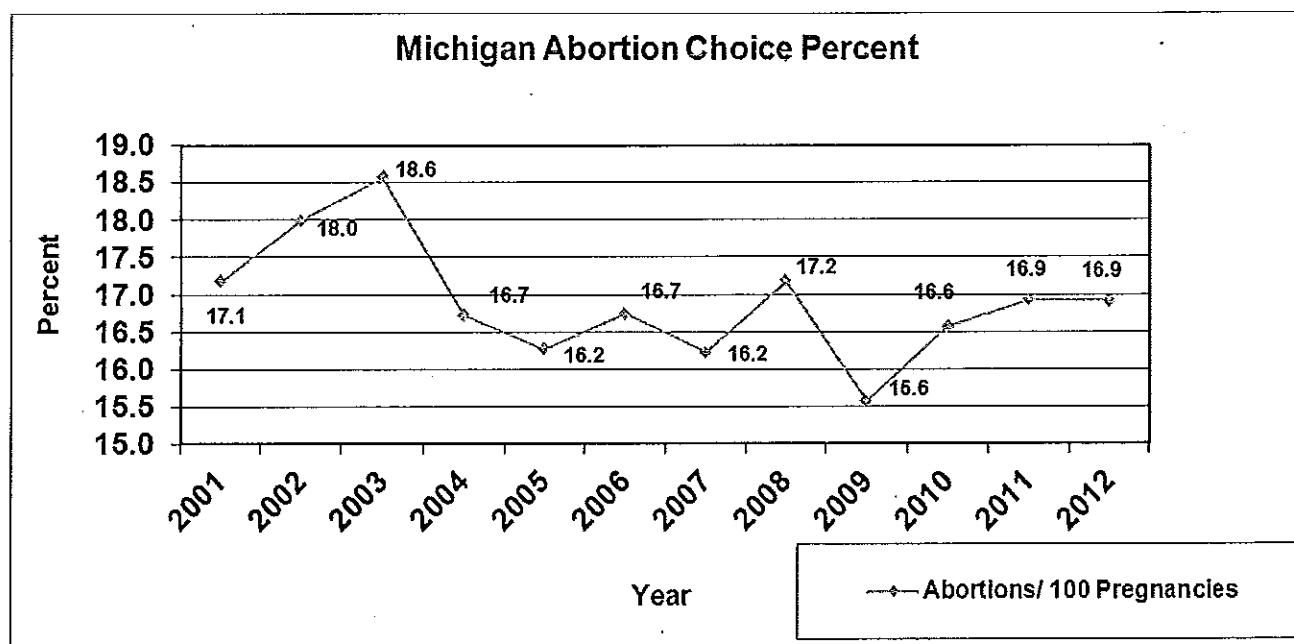
This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

SECTION 5: ASSUMPTIONS

This proposal is based on the assumption that if awarded, DCH will advance the appropriate requested amount of total contract funds for startup and reimbursement thereafter for program services will occur quarterly on a timely basis.

SECTION 6: APPENDICES

Exhibit 1



“The Michigan Abortion Choice Percentage” is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

Exhibit 2: END NOTES

¹ The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is specifically exempt from

² Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, *Centers for Disease Control and Prevention*.

³ Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi,